

93184/2

(Patent, Design or C-I-P Application)

My residence, post office address and citizenship are as stated below next to my name.

AT CONSTANT AMPLITUDE the specification of which

_____ was filed on _____

was filed on _____ as Application Serial No. _____

and was amended on _____

(if applicable)

I hereby claim foreign priority benefits under 35 U.S.C. § 119.

PCT International application which designated at least one country other than the United States, listed below.

claimed.

PRIOR FOREIGN APPLICATION(S)

COUNTRY	APPLICATION NO.	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES ___ NO ___
			YES ___ NO ___

LISTING OF FOREIGN APPLICATIONS CONTINUED ON PAGE 2 (IF ANY)

QUESTIONS CONTINUED ON PAGE 2 HEREOF: YES ☐ NO ☐

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

(Application Serial No.)

(Filing Date)

(Application Serial No.)

(Filing Date)

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International application in the manner provided by the first page of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)

(F)

Pending

(Status: patented, pending, abandoned)

(Application Serial No.)

(Für

Pending

(Status: patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

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Residence & Citizenship	City:	State or Foreign Country:	Country of Citizenship:
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Residence & Citizenship	City:	State or Foreign Country:	Country of Citizenship:
Post Office Address	Post Office Address:	City:	State or Country and Zip Code:

LISTING OF INVENTORS CONTINUED ON PAGE 2 HEREOF. 100

LISTING OF INVENTORS CONTINUED ON PAGE 2 HEREOF: YES ☐ NO ☒ X
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor #1	Signature of Inventor #2	Signature of Inventor #3
Date:	Date:	Date:

SEE PAGE 2 ATTACHED, SIGNED AND MAILED BY PATENT AGENT

SEE PAGE 2 ATTACHED, SIGNED AND MADE A PART HEREOF: YES ☐ NO ☐